

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

01030431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	2		1		1	
4	7		2		1	
5	7		4		1	
6	8		3		1	
7	8		3		1	
8	8		3		1	
9	8		3		1	
10	8		3		1	
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TOTAL IND.	1		1		1	
TOTAL DEP.	10		1		1	
TOTAL CLAIMS	11	REMOVED	1	REMOVED	1	REMOVED

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS		REMOVED		REMOVED	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS